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Progress Through Partnership

Medicaid
Medicare
Management Institute

CLEARINGHOUSE

HEALTH CARE FINANCING ADMINISTRATION December, 1979 Issue #2

MEDICAID MEDICARE EXCHANGE

CHILD HEALTH CHECKUP

As part of a Department-wide strategy, HCFA's child health program assists States to:

- increase the number of children receiving health care through more effective information and outreach activities;
- eliminate barriers faced by providers; and
- improve and integrate child health services to avoid duplication.

Under this strategy, HCFA will assure that high quality health services are reaching poor children in need of such care. In this and future issues, HCFA's Office of Child Health shares highlights of State efforts in serving this target population. For further information contact Bill Hiscock, Program Development & Research Branch, (301) 597-1155 or FTS 987-1155.

FLORIDA PROJECT

Results from a Dade County, Florida EPSDT demonstration project model may be of interest to States identifying and treating teenagers' health problems. The project includes innovative approaches to making medical services more available and appropriate to teenagers---a population especially difficult to reach, and one that has the lowest participation rate in the health care service delivery system. The four year project focused on: 1) case monitoring, 2) developmental assessment, 3) collaboration with schools, 4) improved services to the older child, and 5) collaboration among community agencies. HCFA is evaluating the project's final report. Results will be published later. Contact: Allie Saxon, Region IV, (404) 221-2081 or FTS 242-2081.

PENNSYLVANIA'S LEAD POISONING PROJECT

Pennsylvania's Department of Public Welfare and Philadelphia's Health Department are testing some 2,000 pre-school children for increased lead absorption and lead poisoning. The purpose of this project is to evaluate the usefulness of a new blood test (erythrocyte protoporphyrin procedure), devised by the Center for Disease Control, Atlanta, Georgia. If the test proves useful, the procedure may be added to the State's EPSDT program. The project began in July, and should last six months or until enough accurate data has been collected. To date, positive results show new cases of elevated blood lead levels are being detected. Contact: Betty Wheeler, Region III, (215) 596-1322 or FTS 596-1322

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WASHINGTON CAMPAIGN

On October 1, the Region X Medicaid Bureau kicked off a major public awareness campaign encouraging children to obtain health checkups. On that date (Child Health Day by Presidential proclamation), 9,000 buttons were distributed to Federal employees in King County, and one thousand to Washington State employees, to graphically emphasize the campaign. During the first six weeks, 50,000 plus buttons were distributed to physicians to give children receiving checkups. In addition, posters appear on buses and in schools. Regional Office staff obtained radio and television coverage to spread the word. The campaign, endorsed by King County's medical and dental associations, will continue for several months. To date, 160 additional physician requests for more buttons indicate the campaign's effectiveness.

Contact: Bill Collins, Region X, (206) 442-0506 or FTS 399-0506.

NEW YORK OUTREACH

New York State's Department of Social Services has awarded $950,000 for five outreach demonstration projects designed to boost participation in the State's Child Health Assurance Program (CHAP). Project goals include: increasing client understanding of and participation in CHAP; informing eligibles of available support services and of the importance of continuing relationships with appropriate medical providers; and providing eligibles with better understanding of preventive health care and with lists of participating providers. The five organizations chosen for implementation are Jamaica Hospital, Jamaica, N.Y.; Planned Parenthood of New York City; Comprehensive Interdisciplinary Developmental Services, Inc., Elmira, N.Y.; Westchester County Health Department, White Plains, N.Y.; and St. Augustine's Center, Buffalo, N.Y.

Contact: Tecla Kern, Region II, (212) 264-2579 or FTS 264-2579.

NOTES FROM THE OFFICE OF INTERGOVERNMENTAL AFFAIRS

The Office of Intergovernmental Affairs' (OIA) first few months of operation have been marked by a variety of requests from a variety of sources. Since the office became operational, we have been contacted by almost a third of the States to assist in resolving some kind of problem, dealt with numerous inquiries from Congress, and other public and private organizations seeking information from, and about, HCFA and its programs.

During this time, OIA staff met with State and regional representatives, as well as a number of private organizations. Of particular interest was the American Public Welfare Association Regional meetings, the mid-year State Medicaid Directors' meeting in Orlando, and presentations made to the Pharmaceutical Manufacturers Association and the National Association of Counties. OIA staff also participated in Cost Containment Seminars sponsored by the National Conference of State Legislatures in conjunction with HCFA and the Health Resources Administration of HEW.

In future issues, the Office of Intergovernmental Affairs will highlight matters of interest to the States and localities. OIA will continue to work with States in developing effective working relationships with the HCFA units. OIA's phone numbers are (301) 594-9725, FTS 934-9725 in Baltimore and (202) 245-0015 in Washington, D.C.

Marion LeBron

CAPITALIZING STATE RESOURCES

The Corrective Action Projects Division (CAPD), within the Medicaid/Medicare Management Institute, provides on-site technical assistance to State Medicaid agencies in an effort to reduce operational errors and any resulting overpayments. Three program areas--eligibility, claims processing and third party liability--are the core of CAPD activities.

Medicaid issues of the MMX will highlight these efforts. Some recent activities follow.

CHILD SUPPORT ENFORCEMENT FOR TPL

CAPD has undertaken a number of intiatives to develop State third party resources utilizing child support agencies.

In the District of Columbia Medicaid program, CAPD is implementing a project to establish a cooperative agreement between that program's Medical Services Division and the Child Support Office. The agreement will allow the Child Support Office to collect and furnish to Medical Services information on private health insurance coverage of Medicaid recipients available through absent parents. In addition, the agreement will assure that the Child Support Office secure and enforce medical support obligations.

On December 11, 1979, a joint HCFA/ Office of Child Support Enforcement workshop for Regional Office staff was held in Baltimore. The workshop, sponsored by CAPD, focused on the essential components of the draft of Medicaid/IV-D regulations.

Recently, CAPD staff participated on a panel at the Annual Child Support Institute in Orlando, Florida. This conference is sponsored by the National Reciprocal and Family Support Association as a forum for the exchange of knowledge and expertise in support enforcement. The importance of increasing third party collections from absent parents and the role of child support agencies were discussed by CAPD panelists.

MQC REPORTING SYSTEM CAPD's Systems Assistance Branch has successfully implemented the Medicaid Quality Control Reporting System in three States - Washington, Indiana, and Kansas.

This system consists of a set of computer programs which process the data from the MQC review schedules. The data is edited in accordance with Section 4000 of the MQC manual and is then used to produce the MQC reports for Tables I-IX. (See July 1979 MMX for details.)

Anyone desiring additional information about the system, or requesting implementation of the system, should contact Arthur Pergam, Director, Corrective Action Projects Division, (301) 594-8942 or FTS 934-8942.

WISCONSIN - BENDEX Wisconsin is receiving technical assistance from CAPD in the design, programming, and implementation of its BENDEX system (Beneficiary and Earnings Data Exchange).

CAPD is designing the computer program specifications, with programming being completed by Systems Architects, Inc., the contractor utilized by CAPD. In addition, CAPD will provide technical procedures for processing the BENDEX system and the manual procedures for sending and receiving BENDEX tapes. Wisconsin will be assisted in the intitial phase of implementation, and CAPD will monitor the operation for several cycles. Once implemented, the system will have the capacity to capture data on Medicare recipients; to improve the consistency in Wisconsin's Medicare edits; and to provide ongoing notification of changes in health benefits. This will enable the State to update its eligibility file with current information.

MMIS UPDATE

The number of MMIS certified States now stands at 28, with the certification of North Dakota (September 1978), Florida (October 1978), and New Jersey (April 1979).

CENTRAL/REGIONAL OFFICES INFORMATION SYSTEMS MEETINGS

In its continuing efforts to improve Medicaid Management Information Systems (MMIS) in the States, the Office of Methods and Systems (Division of Systems Planning and Development) is conducting a series of meetings for all Regional and selected Central Office information systems staff. Among other things, the meetings will:

- identify and address various MMIS problems and related procedures, and develop a systems strategy with procedures and tools for implementing that strategy;
- provide an opportunity for regional input on various policies and procedures that will impact information systems activities and ADP equipment approvals.

The coordinator for these meetings is Ms. Bea Smith, (301) 594-8441 or FTS 934-8441.

MMIS RECERTIFICATION ASSESSMENT PROCESS

A subcommittee of the National Technical Advisory Group (NTAG), and staff from HCFA's Office of Methods and Systems and Division of Standards met November 5-7 at the Boston Regional Office to develop criteria for a structured MMIS recertification/assessment process. NTAG representatives included Howard Stansberry (Oklahoma), Allen Miller (Pennsylvania), Mary Awbrey (Texas), Bruce Kozlowski (Michigan), and Derek Wang (Idaho). Also present were Tony Diomede (Region I) and Gary Garrison (Region VII).

In this continuing effort, the NTAG is working with HCFA staff to develop functional and output performance standards for the Medicaid and Medicare programs. For further information contact Newton Dikoff, (301) 594-8190 or FTS 934-8190.

THE ABC'S OF MMIS

Attention Medicaid managers---there's a special feature in the November/December issue of New York's Department of Social Services newsletter, Medicaid Update. The "ABC's of MMIS" is a pictorial and narrative illustration explaining New York State's MMIS operation. Designed for New York providers, this fold-out section represents a creative approach to explaining MMIS. States interested may obtain copies from:

Medicaid Update
Twin Towers, 8th Floor
99 Washington Avenue
Albany, New York 12234

CALIFORNIA CROSSOVER CLAIMS

As reported in past issues of the Medicaid Medicare Exchange, California has awarded a 5 1/2 year fiscal intermediary contract to Computer Sciences Corporation (CSC) to process Medicaid claims and operate an MMIS. Contract implementation has occurred in phases; beginning March 1, 1980, CSC will process the last part of the workload, physician claims.

In the past, California Blue Shield (CBS) was both a Medicare carrier and the Medicaid fiscal agent for physician claims. Therefore, they were given responsibility for all crossover claims in the State. Since California Blue Shield will not continue as the Medicaid contractor, they will not continue to process the Medicare part of crossover claims from the area of California serviced by the Occidental Life Insurance Company. For this reason, the Medicare program, beginning June 1, 1980, will redefine the areas serviced by the carriers to give Occidental responsibility for all claims, including crossovers, for the seven counties of San Luis Obispo, Santa Barbara, Ventura, Los Angeles, Orange, San Diego and Imperial. California Blue Shield will be responsible for claims, including crossovers, for the rest of the State.

A transition committee composed of representatives from HCFA Central Office, the San Francisco Regional Medicare and Medicaid offices, the State, CSC, CBS and Occidental has been formed to facilitate these changes and insure that providers and beneficiaries continue to receive good service.

NEW JERSEY CLAIMS PROCESSING

New Jersey's Medicaid Claims Processing Branch reports improved provider relations, reduced provider inquiries, and reduced workload for provider relations staff as a result of an innovative inquiry system. The Medicaid Automated Correspondence Processing System, initiated by the program's fiscal agent, responds to provider and local Medical Assistance Unit inquiries. Medicaid staff believe the relatively low cost of the system modification, console acquisition, operator training, and minor software modification is easily offset by the instant response. This, in turn, reduces the high cost of manually reviewing incoming inquiries, researching files, and preparing replies. For details, contact Thomas M. Russo, Director, Division of Medical Assistance and Health Services, (609) 292-7110 or FTS 477-7110.

In addition, having the same fiscal agent for Medicaid and Medicare provides this State prompt eligibility verification and crossover claims information.

DURABLE IDENTIFICATION CARDS IN STATE MEDICAID PROGRAMS

Six States indicate potential savings from issuing plastic ID cards for Medicaid recipients to use in having prescriptions filled. The District of Columbia, New Jersey, Alabama, Maryland, Louisiana and Nebraska agree the major advantage is fewer claims processing delays because manual errors made in completing pharmacy invoices are eliminated. Requiring presentation of both the ID and monthly eligibility cards reduced the incidence of stolen monthly cards being used to obtain services. The cards are durable and legible, assuring expedited paperwork and increased accuracy. Other benefits may include fewer forms and more efficient use of staff time.

REGULATION REVIEW

Following are recent HCFA regulations of special interest to Medicare and Medicaid program managers. Questions may be directed to the contact person listed with each regulation.

- Medicaid Program; Penalty for Failure to Make a Satisfactory Showing of an Effective Institutional Utilization Control Program - final regulation
  10/1/79 Federal Register - effective 12/31/79
  Contact: Carlton Stockton (301) 597-1350 or FTS 987-1350

- Position Statement on Access to Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) Services Through Schools - notice
  10/4/79 Federal Register
  Contact: Regional EPSDT Coordinators or Mary Tierney (301) 597-1155, FTS 987-1155

- Privacy Act of 1974; Systems of Records; Annual Publication - notice (HEW compilation)
  10/9/79 Federal Register

- Privacy Act of 1974; Systems of Records and Notice of Proposed Routine Uses; Health Maintenance Organization Prospective Reimbursement Demonstrations and Municipal Health Services Program (2 documents) - notice
  10/11/79 Federal Register - effective 11/10/79
  Contact: Sidney Trieger (301) 594-9296 or FTS 934-9296

- Clinical Laboratories; Personnel Standards - proposed rule
  10/12/79 Federal Register - comments due 12/11/79
  Contact: Dr. Louis C. LaMotte (404) 329-3824 or FTS 236-3824

- Federal Health Insurance for the Aged and Disabled; Target Rate Reimbursement for Institutions Furnishing Home Dialysis Supplies, Equipment, and Support Services - final rule with comment period
  10/19/79 Federal Register - comments due 12/18/79, effective 4/1/79
  Contact: Mr. Stanley Weintraub (301) 594-6535 or FTS 934-6535

- Medicare Program; Schedule of Target Reimbursement Rates for Institutions Furnishing Home Dialysis Supplies, Equipment, and Support Services - notice
  10/19/79 Federal Register
  Contact: Mr. Stanley Weintraub (301) 594-6535 or FTS 934-6535

- Clinical Laboratories; Personnel Standards - correction
  10/23/79 Federal Register
  Contact: Mr. R. Gregg Chappell (202) 426-1460

- Medicaid Program; Abortions - Final regulation
  10/26/79 Federal Register - effective 10/1/79
  Contact: Barbara Stultz (202) 245-0345

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REVIEW GUIDELINES IMMINENT

HCFA's Health Standards and Quality Bureau expects to issue draft guidelines on inspections of care in intermediate care facilities this Spring. Designed to address the quality of care aspects in reviewing services given to long term care patients, the guides will be sent to States and Regional Offices for review and comment before finalizing. Questions may be directed to Dave Ward, Division of Long Term Care, HSQB, (301) 594-5014, FTS 934-5014.

MEDICAID MEDICAL ADVISORY COMMITTEES

States that have found their Medicaid Medical Advisory Committees to be particularly effective are asked to share information and experiences with headquarters staff. HCFA is also looking for personnel to add to its list of consulting experts with respect to these committees. Contact Audrey Griffith at (301) 594-9658 or FTS 934-9658, to share this information.

REGULATION REVIEW - continued

- Pharmaceutical Reimbursement Board; Maximum Allowable Cost Limits for Certain Drugs; Closing of the Record - notice
  11/6/79 Federal Register
  Contact: Charles Spalding (301) 594-5403 or FTS 934-5403

- Medicaid Program; Deeming of Income Between Spouses - proposed rule
  11/21/79 Federal Register - comments due 1/21/80
  Contact: Michael Fiore (301) 594-9127 or FTS 934-9127

- Payment for Inpatient Services of Foreign Hospitals - final regulation
  11/26/79 Federal Register - effective 1/1/80
  Contact: Hugh McConville (301) 597-1333 or FTS 987-1333

- Medicare Program; Beneficiary Liability for Certain Nonreimbursable Services or Items - final rule
  11/29/79 Federal Register - effective 12/31/79
  Contact: Jack Wasserman (301) 594-9301 or FTS 934-9301

Personnel

HCFA CHANGES

- Special Assistant to Administrator
  Jacquelyn White (replacing Bonita Goodwin)

- Office of Beneficiary Services
  Barney Sellers, Director

- Bureau of Quality Control
  Martin Kappert, Acting Director (replacing John Kennedy)

- Office of Executive Operations
  Suzanne Hassett, Acting Director, Executive Secretariat

- Office of Research, Demonstrations and Statistics
  Jim Kaple, Acting Director (replacing Clif Gaus)

- Region I HCFA Administrator
  John Kennedy (replacing Tera Younger)

MEDICAID

New Medical Assistance Unit Directors
W. H. Kerns - Alabama
Robert B. Williams - Florida
Sylvia De Guzman - Guam
Pennie Bjornstadt - Idaho
Donald Kassar - Iowa
Jack F. Waddell - Kentucky
Robert Moran - Massachusetts
George Burtin - Massachusetts Commission for the Blind
John G. Hall - Missouri
James D. Koglin - New Mexico
Derald Lembrick - Nebraska
Robert F. Skerrett - New York
Barbara Matula - North Carolina
Irma Revilla de Ferrer - Puerto Rico

New Single State Agency Heads
Gail Huecker - Arkansas
Rubin Valdez - Colorado
Charles Pierce - Georgia
Franklin S. Cruz - Guam
Michael V. Reagen - Iowa
J. E. DeShazer - Kentucky
Edgar J. Helms - New Hampshire
James O. Mason - Utah

MEDICARE

Intermediary-Carrier Directory Update

Blue Cross and Blue Shield of Alabama
William H. Mandy, President

Blue Cross and Blue Shield of Arizona
W. Scott Cain, Director, Provider Reimbursement Dept.

Blue Cross and Blue Shield of Delaware, Inc.
Robert C. Cole, Jr., President

Blue Cross of Florida, Inc.
Thomas P. McGeehan, Director, Medicare Part A

Blue Cross of Massachusetts, Inc.
Thomas L. Huston, Vice President, Benefit Administration
Michael J. McDermott, Manager of Medicare A Claims
Gail M. Walcott, Asst. Vice President, Benefits Administration

Blue Cross and Blue Shield of Michigan
Robert Voigt, Senior Vice President, Government Business

Blue Cross Hospital Service, Inc. of Missouri
Peter L. Keating, V.P., Government Programs
Robert G. Davis, Govt. Programs Liaison Officer

New Mexico Blue Cross and Blue Shield, Inc.
Shirley Tonges, Vice President

Group Hospital Service, Inc. (Dallas)
Phil Horsch, Manager Part A

Associated Hospital Service, Inc.
Thomas Tilley, Senior V.P., Customer Operations

California Physicians' Service
Linda Holsonback, Medicare Coordinator

Medical Service of D.C.
Kathleen L. Luehrs, Vice President, Claims
Diana Keller, Manager, Medicare Part B Claims

Blue Shield of Massachusetts, Inc.
Louis J. Resca, Jr., Vice President, Government Programs

Washington Physicians Service
Les Wall, Vice President, Govt. Programs/Data Processing

Aetna Life and Casualty
Dennis Hoover, Internal Operations Mgr. (Reno office)

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MMMI EVENTS

Cost Related Reimbursement
for Long Term Care
March 3-5, 1980 San Diego
Contact: Du'Va Clyburn
(301) 594-8648
FTS 934-8648

Medicare Contractor's Conference
March 10-11, 1980 Dallas
Contact: Paul Beller
(301) 594-8649
FTS 934-8649

Approaches to Error Reduction in
Medicaid Management Through
Corrective Action
April 1980 May 1980
Contact: Marlene Jones
(301) 594-8945
FTS 934-8945

MMIS - Development, Enhancement,
and Applications
Spring 1980 Atlanta
Contact: Du'Va Clyburn
(301) 594-8648
FTS 934-8648

Annual State Medicaid Directors'
Conference
May 12-15, 1980 Memphis
Contact: Ed Palder
(301) 594-8940
FTS 934-8940

Workshops on Management Information
for Medicaid - 1980
February 21-22 San Francisco
April 24-25 Atlanta
June 10-11 Boston
Contact: Beulah Williamson
(301) 594-8647
FTS 934-8647

PERSONNEL - continued

Pan American Life Insurance Company
Bill McNulty, Second V.P., Medicare Claims

Aetna Life and Casualty - Part A Field Office
Mr. Jose Padre, Mgr.
Audit/Reimbursement
6350 Laurel Canyon Blvd. Suite 305
North Hollywood, California 91606
Phone: (213)-769-0600

Aetna Life and Casualty - Part B Field Office
Fred C. Bush, Manager
Medicare Claims Administration
Jamestown Office Park
3031 N.W. 64th Street
Oklahoma City, Oklahoma 73116

Part B Medicare Claims
Medicare
Connecticut General Life Ins. Co.
100 Barnes Road, North
Wallingford, Connecticut 06492

ACTION TRANSMITTALS

These Action Transmittals have been issued by HCFA in recent weeks. States desiring copies may order them by calling (301) 594-5519.

AT-79-79 Program Instruction 9/13/79
Practitioners, Providers, or Other Health Care Suppliers Suspended, Excluded, or Terminated from the Medicare and Medicaid Programs

AT-79-80 Program Instruction 9/13/79
Practioners, Providers, or Other Health Care Suppliers Suspended, Excluded, or Terminated from the Medicare and Medicaid Programs

AT-79-81 Program Instruction 9/24/79
Medicaid Quality Control (MQC) Review for State Buy-in and Medicare Part B Coordination Error Conditions

AT-79-82 Program Instruction 9/24/79
Revision to Edits and Reporting Table Instructions for Medicaid Quality Control Manual - Section 4000

AT-79-83 Proposed Regulation 8/9/79 - Refer to: 42CFR 440.40(c)
Federal Requirements under Medicaid for the Provision of Family Planning Services

AT-79-84 Program Instruction 9/25/79
Consistency Between State Eligibility Case Findings and State Payment Findings; Changing Case Findings Based on SSI-QA Revisions

AT-79-85 Program Instruction 10/1/79
Medicaid Quality Control Instructions for Reviewing and Citing Dollar and Non-Dollar Errors in the Claims Processing Review

AT-79-86 Proposed Regulation 8/29/79 - Refer to: 42CFR 447.332
Limitation on Payment or Reimbursement for Drugs

AT-79-87 Proposed Regulation 9/25/79 - Refer to: 42CFR 431.801, 431.802
Quality Control System Error Rate

AT-79-88 Final Notice 10/4/79 - Refer to: 42CFR 405.60, 447.315(c)
Title XIX, Social Security Act; Final Schedule of Limits on SNF Inpatient Routine Service Costs

AT-79-89 Correction Plan - Preprint 10/5/79
Title XIX, Social Security Act: Correction to Preprinted State Plan Amendments on 3 items

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ACTION TRANSMITTALS - continued

AT-79-90 Program Instruction 10/9/79
Practitioners, Providers, or Other Health Care Suppliers Suspended, Excluded, or Terminated from the Medicare and Medicaid Programs

AT-79-91 Program Instruction 10/9/79
Practitioners, Providers, and Other Health Care Suppliers Suspended, Excluded, or Terminated from the Medicare and Medicaid Programs

AT-79-92 Reporting Requirement 10/9/79
Revised Requirements for Completing the Medicaid Quality Control Forms

AT-79-93 Reporting Requirement 10/12/79
Special Review of State Estimates and Additional Extension of Reporting Requirements for Quarterly Statements of Financial Plan (OA-25.5 and OA-25-A)

AT-79-94 Program Instruction 10/18/79
MQC Review of Claims with Service Dates that Span More Than One Month

AT-79-95 Program Instruction 10/18/79
Length of the Paid Claims History File Required for the Medicaid Quality Control (MQC) Claims Processing Review

AT-79-96 Program Instruction 10/18/79
Medicaid Quality Control (MQC) Claims Processing Review of Medicare Crossover Claims

AT-79-97 Program Instruction 10/18/79
Adjustment of State Claims for Federal Financial Participation (FFP) to Exclude Payments Resulting from Third Party Liability and Claims Processing Errors

AT-79-98 Program Instruction 10/24/79
Title XIX Social Security Act: Federal Funding of Spontaneous Abortions

AT-79-99 Program Instruction 10/29/79
Definition - For Agency Type Error of "Reported Information Inaccurate"

AT-79-100 Program Instruction 10/30/79
Medicaid Quality Control (MQC) Review of Health Maintenance Organizations (HMO's)

AT-79-101 Policy Interpretation 10/30/79
MAM: State Organization; Staffing for Administration; Federal Financial Participation; Implementation; Staff of Other Public Agencies

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Trainers... Take Note!

Think how beneficial it would be if you had a national Medicaid trainers' directory at your finger tips! How often have you wanted to contact trainers in other States, but could not because you did not know their names or phone numbers? Help us help you. Send your name, title, address and phone number to: Consultation and Training Branch, Medicaid/Medicare Management Institute, 6401 Security Blvd., Baltimore, Maryland 21235. If you have developed programs that you are able to share, please include the titles when you write. We will compile the directory and send it to all contributors.

Susan Eberhard

HEW GRANT FOR TRAINING

Under a grant from HEW's Developmental Disabilities Bureau, the John F. Kennedy Institute (Johns Hopkins, Baltimore, MD) has developed training manuals for survey and independent professional review teams. Designed to assist State staff reviewing treatment in intermediate care facilities for the mentally retarded, eight manuals have been developed by experts both at the JFK Institute and throughout the country. The manuals cover such subjects as: the nature and needs of persons with mental retardation; patient's legal rights; behavior management techniques; and individual program planning. The manuals were field tested earlier this year.

As its next step, the JFK Institute will conduct five bi-regional workshops during 1980 to train the trainers on using the manuals. Participants will include State Survey and IPR team leaders, State agency training personnel, Medicaid, and HSQB training administrators. (These sessions are a separate effort from the MMMI workshops recently held in Dallas and Kansas City, which addressed basic team skills and quality of care issues related to reviewing ICF care in general.) For more information on the workshops contact Beulah Williamson, MMMI, (301) 594-8647 or FTS 934-8647.

ACTION TRANSMITTALS - continued

AT-79-102 Regulation 10/1/79 - Refer to: 42CFR 456.611 and 42CFR Part 456, Subpart J
Penalty for Failure to Make a Satisfactory Showing of an Effective Institutional Utilization Control Program

AT-79-103 Program Instruction 11/5/79
Practitioners, Providers, or Other Health Care Suppliers, Suspended, Excluded, or Terminated from the Medicare and Medicaid Programs

AT-79-104 Regulation 10/26/79 - Refer to: 42CFR 441.200-441.208; Section 118 of PL 96-86 Oct. 12, 1979
Federal Funding of Abortions

Legislative Ledger

The House Subcommittee on Health and Environment (Interstate and Foreign Commerce Committee) completed hearings on a number of Medicaid bills, including HR 4475, the Administration's Medicare and Medicaid proposal; HR 3990 and HR 4000, Rep. Charles Rangel's (D-NY) proposed amendments to the Medicare and Medicaid programs; and HR 934, reported by the Senate Finance Committee with numerous Medicare and Medicaid changes. The full Committee began markup of the bills October 31. At the same time, the Ways and Means Committee is finishing its markup of House bills 3990 and 4000.

Among the changes included in HR 4000: an HMO Medicare reimbursement provision; new fraud enforcement provisions for Medicaid; a voluntary Federal certification program for Medigap health insurance; changes affecting PSROs and SNFs; and authorization for demonstration projects to train and employ welfare recipients as home health and homemaker aides.

Among other things, HR 3990 liberalizes Medicare coverage for home health, mental health and certain other services, and requires hospital based radiologists, pathologists, and physicians performing outpatient surgery and diagnostic tests to accept assignment of Medicare claims to qualify for 100% reimbursement. There are numerous Medicare changes in this omnibus bill.

HR 934 bars most percentage based reimbursement to hospital based physicians; authorizes a program for converting acute care beds to long term care beds; bars disclosure of PSRO records that could identify a physician, patient, hospital, or other individual.

Other Recent Congressional Activities:

P.L. 96-79, the legislation extending the Health Planning Resources and Development Act of 1974, was signed into law October 4. This law contains a provision affecting Medicaid contracting with HMOs.

On September 6, the House passed the Social Security Disability Amendments (HR 3236). These amendments extend Medicare coverage for 36 months to disabled beneficiaries who, while not medically recovered, have returned to substantial gainful work; eliminates or shortens the waiting period for Medicare coverage for those reentitled to disability benefits by removing the required "consecutive" entitlement from the law; permits reentitlement to disability benefits within 60 months or less (84 months or less for disabled widows or widowers), following termination of a prior period of disability. The Senate Finance Committee favorably reported their version of the bill on November 7, transfering its Medicaid provisions to the Medicare and Medicaid Reform Bill (HR 934).

The Social Welfare Reform Amendments of 1979 (HR 4904) were passed November 7. The Administrations' proposal would make improvements to the AFDC and SSI programs, increasing annual outlays for the programs by $2.8 billion.

The Senate passed their version of the Social Services and Child Welfare Amendments of 1979 (HR 3434) on October 29. HR 3434 establishes a program of assistance for needy and dependent children, and changes the child welfare, social services, and AFDC programs. Senate changes to HR 3434 include:

- Mandating Medicaid Management Information Systems (MMIS) for all States, unless exempted by population and Medicaid caseload size. This proposal contains penalty provisions tied to MMIS plans and systems installation, and a decertification provision for poor performance. (Senator Richard Schweiker, R-PA)

- Providing for continued Medicaid eligibility for some veterans threatened with loss of eligibility because of recent veteran's pension legislation. (Senator Alan Cranston, D-CA)

- Extending full Medicaid coverage up to age 18 for adopted children with special needs. (Senator Carl Levin, D-MI)

On October 18, the Subcommittee on Health and Scientific Research (Senate Committee on Labor and Human Resources) unanimously approved, with amendments, the Administration's mental health funding bill (S 1177). A key provision would give States the power to decide which new proposals should be funded to provide outpatient and other mental health services in community settings. S 1177 would tailor mental health services to the needs of children, mentally ill persons, minorities, and other underserved groups.

NATIONAL HEALTH STANDARDS AND QUALITY INFORMATION CLEARINGHOUSE

Medicare and Medicaid managers interested in peer review, issues of quality and necessity of care, or establishing PSRO monitoring programs, should be aware of the National Health Standards and Quality Information Clearinghouse (NHSQIC), formerly the PSRO Information Clearinghouse. The Clearinghouse is a national center for collecting and disseminating information relating to the mission of HCFA's Health Standards and Quality Bureau (HSQB), which encompasses the Professional Standards Review Organizations (PSRO) program and the standard-setting, survey, and certification programs for Medicare and Medicaid providers and suppliers.

Operating under contract to HSQB, the Clearinghouse contains over 5,000 documents, including monographs, journal articles, technical reports, and official HSQB issuances.

Clearinghouse materials are provided to Federal agencies free; other requestors are charged a fee for documentation and services. For information contact:

HCFA/HSQB
Technical Services
Dogwood East Building
Baltimore, MD 21207
Attn: Steve Hackerman
(301) 594-4142
FTS 934-4142

or contact NHSQIC directly at:

Capital Systems Group, Inc.
6110 Executive Boulevard
Suite 250
Rockville, MD 20852
(301) 881-9400

BENEFICARY HEALTH INSURANCE GUIDE

In response to publicity on abuses in the sale of supplemental policies to Medicare beneficiaries, HCFA and the National Association of Insurance Commissioners (NAIC) prepared "A Guide to Health Insurance for People with Medicare."

This pamphlet was widely distributed to beneficiaries through Social Security offices, State insurance departments, and State and local agencies for the aged. Most beneficiaries were alerted to the Guide by notices enclosed with their August Social Security checks. Direct mail notices were also sent to Medicare beneficiaries not receiving checks, to Supplemental Security Income recipients and to beneficiaries using direct deposit for their checks. Further distribution is planned through major membership organizations representing the elderly.

The popular pamphlet provides information about private insurance supplements to Medicare so that beneficiaries can make more informed decisions in puchasing such insurance. The guide is now being updated; suggestions and comments on its contents may be sent to the HCFA Office of Beneficiary Services, Room 1-C-11, Oak Meadows Bldg., Baltimore, MD 21235.

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SUPREME COURT TO STUDY ABORTION ISSUE

The Supreme Court agreed November 26 to take up the issue of Medicaid funding for medically necessary abortions. The decision to consider the merits of the case stems from an appealed Federal District Court ruling that Congress violated the Constitution in placing sharp limits on such funding. The Justices will study Henry Hyde's (R-ILL) 1978 amendment, and Illinois' law patterned after it, before deciding whether to rule on the case. They will hear from the Federal government, Illinois, and two doctors who support the restrictions.

THE STATE MEDICAID DIRECTORS' COUNCIL

At the recently concluded State Medicaid Directors' Conference in Orlando, the State Medicaid Directors Council reported on their newly restructured organization. Chairperson Glenn Johnson identified the following officers and committee chairpersons:

Chairperson	Glenn Johnson Director Bureau of Utilization Review Pennsylvania Department of Public Welfare Health and Welfare Building Harrisburg, Pennsylvania 17120 (717) 783-1868
Vice-Chairperson	Paul M. Allen Director Medical Services Administration Michigan Department of Social Services P.O. Box 30037 Lansing, Michigan 48910 (517) 373-9440
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Perspectives	Peter M. Bloomsburgh Administrator Medical Assistance Program Illinois Department of Public Aid 931 E. Washington Street Springfield, Illinois 62763 (217) 782-0472
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